



Application for Reasonable Accommodation Funds

VERMONT COMMISSION ON NATIONAL AND COMMUNITY SERVICE

Improving Vermonters' Lives Through Voluntary Service



A "reasonable accommodation" refers to a:

- Modification or adjustment to a job application process that enables a qualified applicant with a disability to be considered for the position.
- Modification or adjustment to the work environment in which a position is customarily performed that enables a qualified individual with a disability to perform the essential functions of that position.
- Modification or adjustment that enables employees with disabilities in a particular organization to enjoy the same benefits and privileges as the organization's non-disabled employees.

A. Background Information

Organization Name:	
Program Name:	
Address:	
Telephone Number:	
Program Director:	
Site Supervisor:	

Program is requesting funding as (check as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Nonprofit organization | <input type="checkbox"/> Other _____ |

Program receives funding as (check as appropriate)

- ☐ National Direct ☐ Education Award Only ☐ State ☐ Senior Corps ☐ Learn and Serve

B. Status of Individual with Disability

- ☐ Applicant for national service position ☐ Current national service member or participant

Primary service environment (check as appropriate)

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School | |

C. Barriers Resolution

1. Please describe the primary service functions to be performed by the person with a disability. In addition, please attach the AmeriCorps Position Description.
2. Has the original service description been modified to outline the essential functions? Please explain.
3. Please describe any alternative funding options you have explored.
4. What role, if any, did the individual with a disability have in identification of barriers and possible solutions and the consideration of other accommodation options?



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D. Request for Funds	
1. Identify the reasonable accommodation that is needed and describe how it will enable the individual to perform essential functions.	
2. What is the cost of the reasonable accommodation?	
3. Over what period of time will reasonable accommodations be required?	
Please indicate the total cost of the reasonable accommodation requested over a period of year. <input type="checkbox"/> Less than \$50 <input type="checkbox"/> \$50 to \$99 <input type="checkbox"/> \$100 to \$99 <input type="checkbox"/> \$500 to \$999 <input type="checkbox"/> \$1,000 or more	
Please itemize costs.	Please provide cost two cost estimates.
E. Cost Sharing (Cost sharing is the participation in an endeavor by one or more funding partners)	
1. Has the program considered cost sharing? If so, please describe.	
2. Will more than one person benefit from the reasonable accommodation(s) to be provided? If yes, please describe.	
3. What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?	



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This section is to be completed by the VT CNCS Inclusion Officer.

Date application received by Inclusion Officer:

Comments from Reviewers

Strengths of request:

Weaknesses of request:

Overall Comments:

Results:

- ☐ Reasonable accommodation funds request approved
☐ Reasonable accommodation funds request denied